

10/60/927

## CLAIMS AS FILED - PART I

|                                  | (Column 1)      | (Column 2)               |
|----------------------------------|-----------------|--------------------------|
| TOTAL CLAIMS                     |                 |                          |
| FOR                              | NUMBER FILED    | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 28 minus 20 = * |                          |
| INDEPENDENT CLAIMS               | (3) minus 3 = * |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |                 | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|   | (Column 1)                               | (Column 2) | (Column 3)                                       |
|---|--|------------|--|
| AMENDMENT A   | 5/25/07 CLAIMS REMAINING AFTER AMENDMENT |            | HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA |
| Total   | * 21 / Minus                             | ** 28 =    |  |
| Independent   | * 5 Minus                                | *** 4 = 1  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |  |            |  |

| SMALL ENTITY TYPE | OTHER THAN SMALL ENTITY  |
|-------------------|--------------------------|
| RATE              | FEES                     |
| BASIC FEE         | 150.00                   |
| X\$ 25=           |                          |
| X100=             |                          |
| +180=             |                          |
| TOTAL             | <input type="checkbox"/> |
| OR                | OR                       |
| BASIC FEE         | 300.00                   |
| X\$50=            |                          |
| X200=             |                          |
| +360=             |                          |
| TOTAL             | <input type="checkbox"/> |

| SMALL ENTITY     | OTHER THAN SMALL ENTITY  |
|------------------|--------------------------|
| RATE             | ADDITIONAL FEE           |
| X\$ 25=          |                          |
| X100=            |                          |
| +180=            |                          |
| TOTAL ADDIT. FEE | <input type="checkbox"/> |
| OR               | OR                       |
| X\$50=           |                          |
| X200=            | 200                      |
| +360=            |                          |
| TOTAL ADDIT. FEE | 200                      |

|   | (Column 1)                       | (Column 2) | (Column 3)                                       |
|---|----------------------------------|------------|--|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT |            | HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA |
| Total   | * Minus                          | ** =       |  |
| Independent   | Minus                            | *** =      |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |            |  |

| RATE             | ADDITIONAL FEE           | RATE             | ADDITIONAL FEE           |
|------------------|--------------------------|------------------|--------------------------|
| X\$ 25=          |                          | X\$50=           |                          |
| X100=            |                          | X200=            |                          |
| +180=            |                          | +360=            |                          |
| TOTAL ADDIT. FEE | <input type="checkbox"/> | TOTAL ADDIT. FEE | <input type="checkbox"/> |
| OR               | OR                       | OR               | OR                       |

|   | (Column 1)                       | (Column 2) | (Column 3)                                       |
|---|----------------------------------|------------|--|
| AMENDMENT C: NTC  | CLAIMS REMAINING AFTER AMENDMENT |            | HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA |
| Total   | * Minus                          | ** =       |  |
| Independent   | Minus                            | *** =      |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |            |  |

| RATE             | ADDITIONAL FEE           | RATE             | ADDITIONAL FEE           |
|------------------|--------------------------|------------------|--------------------------|
| X\$ 25=          |                          | X\$50=           |                          |
| X100=            |                          | X200=            |                          |
| +180=            |                          | +360=            |                          |
| TOTAL ADDIT. FEE | <input type="checkbox"/> | TOTAL ADDIT. FEE | <input type="checkbox"/> |
| OR               | OR                       | OR               | OR                       |